

ITS Training Workgroup Report

Date of Report 9/22/2017

Participants

Dr. Laura Guidry- Center for Integrative Psychological Services
Joe Smith- Pathways
Greg Steelman- Moore Center
Maureen Rose Julien- Moore Center
Jonathan Routhier- Community Services Network Inc.
Steve Tuck- Becket Family of Services- Workgroup Chairperson
John Capuco- Bureau Developmental Services (joined group on 7/12)

Meeting Occurrence

Training Workgroup- 4/19/17
Training Workgroup- 5/19/17
Combination ITS Trauma Informed and ITS Training Workgroup- 7/12/17
Training Workgroup- 8/16/17
Training Workgroup- 9/15/17

Group Discussion Summary

The Training Workgroup discussed at length the need for Trauma Informed Care to be integrated within the current ITS Behavioral Services. This would require a statewide effort to incorporate, train and apply the principles of Trauma Informed Care. Discussions were as follows:

- Currently most services provided in the ITS model and throughout the BDS system is behaviorally based.
- Applied Behavior Analysis (ABA) is the primary treatment model for clients being served by Intensive Treatment Services.
- The addition of Trauma Informed Care would address the mental health needs of our clients.
- The combination of ABA and Trauma Informed Care would bring a balance of behavioral and clinical issues of our clients. This would provide a more holistic approach and provide better outcomes for the population we are serving.
- Trauma Informed Treatment is evidenced based and has been widely used for the past 20 years.
- The overall culture of treatment needs to move away from containment and broaden the behavioral perspective for high risk individuals to a broader perspective including both clinical and behavioral treatment.
- Concerns arose that Area Agencies may not accept a cultural change of treatment along with the expense of training staff.

The Training Workgroup also discussed at length logistics of implementing the above treatment of care into the ITS system. Once again it would require a sustained statewide effort to imple-

ment the clinical cultural changes necessary to improve the treatment of our clients. Discussions were as follows:

- The development of comprehensive clinical and behavioral training, consultation and support for all ITS providers in NH.
- The need for a training framework that will draw qualified staff and students to NH.
- The use of consultation to enhance the overall clinical efficiency.
- Access the use of technology to bring trainings to all areas of the state.
- The need for an ongoing effort to maintain training, supervision, mentoring and clinical consultation to create cultural change in the treatment model.
- Consider current training curriculums available at Easter Seals, The Moore Center, Gateways and other options.
- Maintaining training/supervision must be woven into long term plans for staff and supervisors not just a one day event.
- Gather data on who is providing trainings around the state that may not have been identified. Also a list of all qualified trainers.
- The need to increase clinical resources available to provide training and support.

Group Accomplishments

The Training Workgroup delved deeply into the need to include Trauma Informed Care into the current ITS Behavioral treatment model. Our discussions of this topic led us to meet with the ITS Trauma Group to compare notes and to reduce redundancies in the two groups. The meeting led to a constructive discussion and the decision to have John Capuco join our group as a liaison to the Trauma Workgroup. John's addition to the group will allow us to focus on both issues of the treatment model and how to implement it in the ITS system.

While we have not developed a model that would disseminate information to all providers in the ITS system we have determined a number of tasks we need to work on to move forward. We have determined a number of in-state qualified clinical trainers. The need to provide consistency in training in all levels of staffing in the area agencies and contracted providers. The inclusion of technology to assist in the training effort. In order for the above to occur a sustained effort with backing from state agencies is required for a successful transition.

Next Steps

1. Work with the Trauma Informed workgroup to assist in developing a curriculum for the Trauma Informed Care Treatment Model.
2. Work with the Trauma Informed workgroup to incorporate the Trauma Informed Model with the existing Behavioral Model.
3. Determine all potential trainers, existing trainings and review past training initiatives in order to provide structure for a training model in the ITS system of care.
4. As we move forward who will lead the Initiative?
5. As we move forward will there be funds to sustain the effort over time?